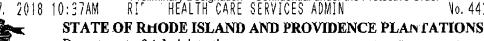
## Exhibit N

Preliminary Designation – Confidential under the Protective Order RIT HEALTH CARE SERVICES ADMIN

Vo. 4433

P. 5



Department of Administration DIVISION OF PURCHASES

Phone# 401-574-8127 FAX # 401-574-8387

CRITICAL	EXPENSE REQUES	TFORM	
DATE: 12/27/2018	AGENCY DOCUMENT	I.D.#	•
REQUISITION NUMBER: 3448549		<u> </u>	
REQUESTED DOCUMENT TO CREATE (Please check appropriate boxes) Blanket Release Change Order Contract Release Purchase Agreement Standard Purchase Order		TYPE OF REQUISITION  Other x Arch, Eng. & Consult Construction Constru	JAN 10 2019
DESCRIPT	ION OF CRITICAL RE	QUEST	
Description of Critical Request: Rhode Island Hosptial Department of Psychiatry Additional years to start 01/01/2019 – 12/31/2019 Reason/Justification of Critical Need: Approximately 25% of the inmates at the ACI ar Df substance abuse problems. Psychotripic med Positions and hours provided by the contracted Medication management that is critical in management.	e individuals with serio dication account for on psychiatriatists provide	us mental illness and 79-80% have histo e-third of the phamaeutical budget. The e evaluation, assessment, diagnosis, and	ories
	m ·	Alma	A
ASSISTANT DIRECTOR:  SIGNATURE  AGENCY DIRECTOR:  Patricia A. Coyne  PRINTED NAME	<u> </u>	DATE: 12/27/2018  DIRECTOR'S SIGNATURE & DATE  PLACE TO MERCE A DATE	••••

HEALTH CARE SERVICES



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF CORRECTIONS CONTRACT AMENDMENT

This agreement with the State of Rhode Island, Department of Corrections (DOC) and Rhode Island Hospital Department of Psychiatry, 593 Eddy Street, Providence, RI 02903 is an amendment to Purchase Order Award 3448549 for Psychiatry Services for Jailed Immate Population and the original Contractual Agreement between the parties dated 12/11/15. This Amendment is an agreement to Renew Third Year of Four Additional Years and increase lines by 2.5% by contract to Purchase Order Award 3448549 for the time period of 1/1/19 to 12/31/19, in accordance with the provisions of the original contract.

- Line 1.3 from \$178.48 to \$182.94 per hour
- Line 2.3 from \$315.18 to \$323.06 per hour
- Line 4.3 from \$119.77 to 122.76
- Line 3.2 remains at \$20,00 per hour

The total dollar value of this amendment will be \$615,369.00 and Rhode Island Hospital Department of Psychiatry will continue to provide the services outlined in RFP/LOI #7549759. All other agreement commitments will remain in effect unless further amended in writing by mutual agreement.

[If this contract or a portion of this contract is supported with federal funds, the vendor agrees to comply with all federal regulations/guidelines outlined and/or referred to in the Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, which can be located at www.federalregister.gov.]

This agreement will be valid only upon the issuance of an official change order from the State of Rhode Island, Division of Purchases.

IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives, within the parameters identified above.

By: Margaret M. Van Bree, MHA, Dr. PH
Name, Printed or Typed

For the State of Rhode Island, Department of Corrections:

By: Description Date: Date: Date: Date: Date: Director

REVIEWED BY:

Contract Administrator Date: Date: Date: Date: Date: Director

REV: 02-2018

MS-35 (re	MS-35 (rev. 01-2014)					C! Shop Order #:	
1	TMENT OF C	DEPARTMENT OF CORRECTIONS ~ INT		ERNAL REQUISITION	TION	Maint. Tracking #:	
QTY		DESCRIPTION	7	Am	Amount	Total Amt	CATALOGUE #. etc.
	On-site Psyhiatry Services	itry Services PO#	PO# 3445849				
C++	Rhode Island I	Rhode Island Hosptial Department of Psychiatry	ant of Psychiatry	Opti	Optioin 3	\$615,369.00	
	third optioin re	third optioin renewal of 4 additional year	ional years				
	to start 01/01	start 01/01/2019 through 12/31/201	2/31/2019				
		Ghipping					
						\$615,369,00	
Suggested VENDOR:		Rhode Island Hospital Dept of Psychiatry	sychiatry	Quotes (over \$600) unless MPA ftem		Vendor 2	Vendor 3
Address:	593 Eddy Street	let		Company			
1960	Providence, RI	RI 02903		Price			
Safety Data Sheet (SDS) Required	Yes / N/A Per	Contact Person:		Date			
Minority Business Enterprise?	Yes / No Te#		Fax#	Person Contacted			
CHARGE TO (UNIT):		Mental Health		DATE:	11/1/2018	Req/PO#:	3448549
CHARGE TO (ACCT #):		3127106.01		DELIVER TO (Person):	Pauline Marcussen	ssen	
Requested by:	Pauline Marcussen		Tel#: 23880	At (Location):	Dix Building 1s	At (Location): Dix Building 1st floor Health Care Services	vices
Certify that	l certify that the Item(s) requested are <u>absolute</u> unit is making <u>full</u> use of available inventories.	I certify that the item(s) requested are <u>absolutely</u> unit is making <u>full</u> use of available inventories.	essentlal, and the	AUTHORIZED  AUTHORIZED	Thereure	AUTHORIZED <u>SIGNATURE(SI</u> & <u>DATE</u> SIGNED:  (3) MANGULUM 12/27/18	Hallale (S)
لنسنسا	i: Unit Manager,	nit Manager, Assistant Director, Original MS-35 must be sent to	ROUTING: Unit Manager, Assistant Director, Financial Resources. EXCEPTION: Original MS-35 must be sent to Correctional Industries to obtain pricing & shop order #.	ss. stries to obta	iin pricing &	l i l	Faxed copies will NOT be accepted.